

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <u>5013442</u>		FILING DATE <u>11/01/00</u>						
						APPLICANT(S) _____								
CLAIMS														
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT		
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TOTAL DEP.	33	←		←		←		TOTAL DEP.		←		←		←
TOTAL CLAIMS	36							TOTAL CLAIMS						